



# Application for the Exemption of Electrical Energy Used in an Enterprise Zone Effective July 1, 1995

DR-15JEZ  
R. 04/01

## Section 1

Name of business	Date of application
Business location address	FEIN or SSN
City State ZIP	Sales tax certificate number
Business mailing address	Telephone number
City State ZIP	Identification number as assigned by the Office of the Governor, Office of Tourism, Trade and Economic Development pursuant to s. 290.0065, Florida Statutes, to the enterprise zone in which the business is located.
<input type="checkbox"/> Business is a "small business" as defined by s. 288.703(1), Florida Statutes.	

## Section 2

Utility company name	The exemption from tax of electrical energy used in an enterprise zone is: _____ %
Utility company address	
City State ZIP	

## Section 3

The electrical energy is to be first initiated \_\_\_\_\_ for use by the aforementioned business at a fixed  
location which: (check one)      Month      Day      Year

- ☐ 1. Is a new initially occupied structure that has not been previously provided or furnished electrical service (other than that used solely for construction purposes).
- ☐ 2. Is a newly occupied existing, remodeled, renovated, or rehabilitated structure to which electrical service has not been provided or furnished in the three (3) preceding billing periods (other than that used solely for the purpose of remodeling, renovation, or rehabilitation of the structure).
- ☐ 3. Has been granted a refund on building materials, pursuant to s. 212.08(5)(g), Florida Statutes, (see Rule 12A-1.107, Florida Administrative Code, governing building materials used in the rehabilitation of real property located in an enterprise zone.)

## Section 4

Permanent, full-time employees (enterprise zone residents)

Name	Address	City, State, ZIP	SSN	Enterprise Zone ID No.

(If necessary, attach a separate sheet listing name, address, city, state, ZIP, social security number and the identifying number assigned pursuant to s. 290.0065, Florida Statutes, to the enterprise zone in which the permanent, full-time employee resides.)

**Section 5**

Permanent, full-time employees (non-enterprise zone residents)

Name	Address	City, State, ZIP	SSN

(If necessary, attach a separate sheet listing name, address, city, state, ZIP, and social security number of each permanent, full-time employee not residing in an enterprise zone.)

**Section 6****Calculation of 20% requirement**

1. Total number of employees from Section 4: \_\_\_\_\_
2. Total number of employees from Sections 4 and 5: \_\_\_\_\_
3. Percentage of permanent, full-time employees residing in enterprise zones (divide Line 1 by Line 2, enter here): \_\_\_\_\_

- If Line 3 is less than 20%, the exemption from tax of electrical energy used in an enterprise zone is 50%.
- If Line 3 is 20% or greater, the exemption from tax of electrical energy used in an enterprise zone is 100%.
- Enter 50% or 100%, whichever is applicable, on the appropriate line of Section 2 of this form.

**Section 7**

I hereby affirm under penalty of perjury that all of the above statements are true and correct.

\_\_\_\_\_  
Signature of eligible business (owner, partner, or principal corporate officer)

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of enterprise zone coordinator

 **This form must be signed by the enterprise zone coordinator prior to mailing.**

**Mail completed application to:  
CENTRAL REGISTRATION  
FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE ST  
TALLAHASSEE FL 32399-0100**